


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006

FILED
Sep 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000664 1. Entity Name CAPE HOUSE PROPERTIES TWO, LTD.	
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Principal Place of Business 4460 HODGES BLVD. JACKSONVILLE FL 32224	Mailing Address % DOUGLAS ALLRED COMPANY 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO CA 92130
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E003 (4/06)

4. FEI Number 58-2474578		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300 JACKSONVILLE FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00. <input type="checkbox"/>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
File Now!!! Fee is \$900.00 Due By September 6, 2006			

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M02000000813 CAPE HOUSE PROPERTIES TWO GP, LLC 11512 EL CAMINO REAL, SUITE 100 SAN DIEGO CA 92130	STREET ADDRESS CITY - ST - ZIP	000000576265 09/06/06-80005-001 900.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
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SIGNATURE: <i>Bryan D. Putnam</i> Bryan D. Putnam 8/29/06 858 793-0202
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>

STAPLE CHECK HERE